



PUDDLEDUCKS Nursery & Pre-School

ADMINISTERING MEDICINES POLICY

Policy Statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

Our Staff are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that the parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the supervisor/manager is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

This policy links with our confidentiality and safeguarding policies and procedures.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person. It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. If after 30 minutes from administration, the child's temperature has not fallen below 38 degrees centigrade, they will be sent home.

- Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Children's paracetamol (un-prescribed) is administered with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion or if the child's temperature has risen to 38 degrees centigrade plus and where a parent or named person is in their way to collect the child.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. (No medication may be given without these details being provided):
 - Full name of child and date of birth
 - Name of medication and strength
 - Who prescribed it
 - Dosage to be given in the setting
 - The method of administration
 - How the medication should be stored and expiry date
 - Any possible side effects that may be expected should be noted; and
 - Signature, printed name of parent and date
- Medication may only be accepted preferably by the key person responsible for that child or Supervisor/Manager/member of staff dealing with the specific key worker group. Any medication accepted, must be correctly recorded and signature from the parent obtained. Storage of medication as directed on packaging. Medication stored in the fridge must be labelled with the child's name.
- The administration is recorded accurately in our medication record book each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
 - Name of child
 - Name and strength of medication
 - name of the doctor that prescribed it
 - Date and time of dose
 - Dose given and method; and is
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - Signed by key person/manager; and is verified by parent signature at the end of the day.

Storage of medicines

- All medication is stored safely in click-safe plastic boxes on a high level shelf in the kitchen area (not accessed by children) or refrigerated and labelled as instructed.
- The child's key person or room leader is responsible for ensuring medicine is handed back at the end of the day to the parent. In their absence the Supervisor/Manager.
- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Children who have long term medical conditions and who may require ongoing medication

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the supervisor/manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- An individual health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The individual health care plan should include the measures to be taken in an emergency.

- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. Changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on outings or trips

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of medication. Inside the box is a copy of the consent form signed by the parent.

Legal framework

The Human Medicines Regulations (2012)

Individual Health Plan

This form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.

Date completed: _____ Review date: _____

Child's details:

Full name: _____ Date of birth: _____

Address: _____

Allergies: _____

Medical condition/diagnosis _____

Medical needs and symptoms: _____

Daily care requirements: _____

Medication details (inc. expiry date/disposal) _____

Storage of medication: _____

Procedure for administering medication: _____

Names of staff trained to carry out health plan procedures and administer medication: _____

Other information: _____

Date risk assessment completed: _____

Risk assessment details: _____

Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:

Child's main carer(s)

1. Name: _____ Relationship to child: _____

Contact number(s): _____

2. Name: _____ Relationship to child: _____

Contact number(s): _____

General Practitioner's details:

Name: _____ Contact number: _____

Address: _____

Clinic of Hospital details (if app):

Name: _____ Contact number: _____

Address: _____

Declaration

I have read the information in this health plan and have found it to be accurate. I agree for the recorded procedures to be carried out:

Name of parent: _____ Date: _____

Signature: _____

Name of key person: _____ Date: _____

Signature: _____

Name of manager: _____ Date: _____

Signature: _____

Date: _____

For children requiring life saving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, you must receive approval from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

Name of GP/consultant: _____ Date: _____

Signature: _____

To be reviewed at least every six months, or as and when needed.

Copied to parents and child's personal file (with registration form)